Center for Reproductive Medicine
& Advanced Reproductive Technologies

SPECIMEN DROP OFF / PICK UP AUTHORIZATION

DROP OFF BY PARTNER

If specimen will be brought to the Center for Reproductive Medicine (CRM) Andrology Laboratory by an individual other than the specimen provider, please complete the following:

I hereby agree to allow _____ (partner) to deliver my specimen to the CRM Andrology Laboratory. I acknowledge that the Laboratory cannot provide any assurances or perform any testing to determine that the delivered specimen is in fact mine.

PICK UP BY PARTNER

Authorization to have female partner pick up specimen from the Center for Reproductive Medicine (CRM) Andrology Laboratory located at 2828 Chicago Ave S, suite 450, Minneapolis, MN 55407.

I hereby agree to allow _____ (partner) to pick up my prepared sample at the above mentioned laboratory and deliver to the ordering physician's office for use with intrauterine insemination.

AGREEMENT FOR USE OF SPERM

Agreement to have female partner undergo an intrauterine insemination with the use of the specimen provided by the undersigned male:

I hereby agree to allow _____ (partner) to undergo an intrauterine insemination (IUI) utilizing my sperm. As such, I agree to undertake any and all parental obligations including any financial obligations for any child(ren) that result from the above mentioned IUI.

Name of sperm provider (print) _____ Date of birth _____

Signature _____ Date _____

— This document expires one year from the signature date. —

PLEASE SIGN IN OUR PRESENCE OR HAVE THIS DOCUMENT NOTARIZED

LABORATORY WITNESS (if applicable)

Name (print)_____ Pt ID _____

Signature_____ Date_____

Patient driver's license #_____ State_____

NOTARY ACKNOWLEDGMENT

On this _____ day of _____, 20_____ before me, personally appeared _____, known to me to be the person described in and who executed the foregoing instrument, and severally acknowledged that they executed the same.

Notary Public (if not signed in our presence) _____

State of _____   (Notary stamp here)

County of _____

My commission expires _____